

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY - 1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Secretary of State 3000 Florida Capitol Mall, Tallahassee, FL 32304
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DOCUMENT # **V20624** (5)
FORENSIC AUTOMOBILE INVESTIGATIONS, INC.

Principal Place of Business 6971 N FEDERAL HWY STE 405 BOCA RATON FL 33487 US	Mailing Address P O BOX 776 BOCA RATON FL 33429-0776 US
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2. Principal Place of Business 21 State App # etc 22 City & State 23	2a. Mailing Address 26 6971 N. Federal Hwy. 27 Suite 405 28 Boca Raton FL 29 33487 30 USA
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DEFINITE WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1992	3a. Date of Last Report 04/13/1994
4. FEI Number 65-0317680	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Fund and Trust Fund Contributions <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has authority for intrastate tax under the Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCELROY, ROBERT C., PH.D. 701 LAKEVIEW TERRACE BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment of its registered agent. I, the undersigned, accept the appointment of the above named agent under Section 607.1508, Florida Statutes.
 SIGNATURE: *Robert C. McElroy* **Robert C. McElroy Ph.D. President** *4/25/95*

12. OFFICERS AND DIRECTORS

12a. NAME P MCELROY, ROBERT C., PH.D.	12b. STREET ADDRESS 701 LAKEVIEW TERRACE BOCA RATON FL
12c. NAME V MCELROY, AGNES I.	12d. STREET ADDRESS 701 LAKEVIEW TERRACE BOCA RATON FL
12e. NAME	12f. STREET ADDRESS
12g. NAME	12h. STREET ADDRESS
12i. NAME	12j. STREET ADDRESS
12k. NAME	12l. STREET ADDRESS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13a. NAME	13b. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13c. NAME	13d. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13e. NAME	13f. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13g. NAME	13h. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13i. NAME	13j. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13k. NAME	13l. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption afforded by Section 133.051, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the owner or holder responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this filing in connection with an address.
 SIGNATURE: *Robert C. McElroy* **Robert C. McElroy Ph.D. President** *4/25/95* **407-9956781**